### **REAL ESTATE COMMISSION**

State House Annex Room 434 25 Capitol Street Concord, NH 03301 (603) 271-2702 Fax # (603) 271-1039 http://www.nh.gov/nhrec

Expiration Date	
License #	Date Processed
License Dates	Form#
Broker Ref. #	Work Location Ref. #
Check #	Amount



FORM 7-RE BROKER REN. REV. 1/04

## APPLICATION FOR RENEWAL OF SALESPERSON'S LICENSE

#### RENEWAL FEE \$70.00

Renewal permitted up to 6 months after expiration with an additional \$50.00 late penalty fee. (Please note: During the 6 month late renewal period after expiration date, you are not permitted to practice real estate.)

Make check payable to: TREASURER, STATE OF NEW HAMPSHIRE

PR do		uestions must be answered in full. Do not leave an	y section of application blank, except where instructed to
Аp	plicant's Full Legal Na	ame:	Date of Birth:
Re	sident Physical Addres	s:	
Re	sident Mailing Address	3:	· · · · · · · · · · · · · · · · · · ·
Re	sident Tel. #:	Resident Email: (option	al)
Wł	nich of the following is	applicable?	
	License status:		
	☐ Inac	ctive (Submit 3 hour approved "core" continuing e	ducation affidavit and answer questions 2-7)
		ive (Submit 3 hour approved "core" and 6 hours appear questions 1-7)	proved "elective" continuing education affidavits and
	site at v		nd elective courses may be found on the Commission web sh to have copies faxed or mailed to you, please contact t be completed within your 2 year renewal period.
1.	The principal broker	with whom you are employed or under contract wi	ith as a real estate salesperson?
	Business Name:		
	Business Physical Ac	ldress:	
	Business Mailing Ad	dress:	
	Business Tel. #:	Business Fax #:	Business E-mail:

NOTE: IF ANY OF THE ABOVE INFORMATION HAS CHANGED SINCE YOUR LAST RENEWAL AND YOU HAVEN'T YET FILED A FORM 5-RE (AMENDMENT NOTIFICATION FORM) WITH THIS OFFICE, YOU WILL NEED TO DO SO BEFORE WE CAN PROCESS THIS RENEWAL REQUEST.

ATT	OF THE BOL	I AUDITA A	TIROPIONIC NATION DIS	A NICIANISTA ANTONIA	YES OR NO ANSWER.
A			THE THE WILLS IN EACH		

<ol><li>Have you, since your last original or renewal application, creditors? If "yes", please attach a letter of explana</li></ol>		
<ol> <li>Are there any undischarged court judgments or liens again including the amount and name of court or lien holder.</li> </ol>	nst you at this time? If "yes", attach	a letter of explanation,
4. Have you, since your last original or renewal application, other than traffic violation? If "yes", contact the Cobtain the form from the Commission web site at www.nh.g	Commission office at 603-271-2703 for an	
<ol> <li>Have you, since your last original or renewal application, repute or trustworthiness or have any relation to or bearing attach a letter of explanation giving full details.</li> </ol>		
<ol> <li>Have any licenses, which you have held to sell real estate original or renewal application? If "yes", attach a and details of disciplinary action(s).</li> </ol>		
7. Do you understand that your salesperson's license permit	ts you to work only for the principal broker	r named on your license?
IF YOU ANSWERED "YES" TO QUESTIONS 2, 3, 4, 5 OR YOUR RENEWAL WILL NOT BE PROCESSED.	5 OR 6, THE REQUIRED INFORMATI	ION MUST BE ATTACHED
RSA 331-A makes the following provisions:		
<ul> <li>(a) When you change your employment as a real e promptly notify the Real Estate Commission by submitting it together with your wall certificate</li> <li>(b) If your employment as a salesperson under a lie obtain employment by a broker within two (2)</li> <li>(c) Salesperson's license shall be mailed to the price</li> <li>(d) Your license will expire two years from date of your license to expire. If your license expires, date by submitting the required documents and six-month period, your license will lapse and y</li> <li>(e) Do you understand the above provisions of the</li> <li>* * * * * * * * * * * * * * * * * * *</li></ul>	by completing a Form 5-RE, Amendment Nove, pocket id card and \$15.00 fee. icensed principal broker is terminated, your years or request in writing to place your life incipal broker, or in the case of a branch of expiration and failure to renew such licently you may reinstate your license up to six (6) if renewal fee plus a late renewal penalty. If you will have to meet all the qualifications	Notification/Request Form and r license will lapse unless you cense in an inactive status. If ice, the managing broker. In the will automatically cause in months from the expiration of a new candidate.
	SIGNATURE OF	F APPLICANT
State of	County of	
Subscribed and sworn to before me this	day of	20
(NOTARY SEAL)	NOTARY PUBLIC/JUSTI	ICE OF THE PEACE
	My commission expires:	

# SALESPERSON AFFILIATION FORM

Upon receipt of the license herein applied for, the foll- will be employed by me or will otherwise be under co- under my supervision. I will display his/her license protify the New Hampshire Real Estate Commission as and return his/her wall license and pocket id to the Co-	ntract with me to perform services as a rominently at my place of business, and required by RSA 331-A:17, IV, and I	a real estate salesperson, and will work d when he/she leaves my employ I will
To the best of my knowledge the applicant is of good	moral character and is trustworthy.	
Principal Broker's Name:	· · · · · · · · · · · · · · · · · · ·	
Business/Firm Name:		·
Business Address:		
Business Phone:	Principal Broker License #:	
	SIGNAT	URE OF PRINCIPAL BROKER
State of		
County of:		
Subscribed and sworn to before me this	day of	A.D. 20
(NOTARY SEAL)	NOTARY PUBLIC	CJUSTICE OF THE PEACE
	My commission expires:	

## PLEASE RETURN THIS EDUCATION EVALUATION WITH YOUR RENEWAL APPLICATION

Date attended:	Location of Courses	
Date auchteu.	Location of Course:	
	(C:1	
·	(Circle	
	Yes	No
Was the information received of value to you?	Yes	No
Were you provided with an opportunity to ask que	estions?	No
Were you provided with reference or written mate	erials?	No
	Yes	No
Please provide any comments you may have on th	ne course content and/or the school or instructor:	
		-
	•	
ELECTIVE COURSE Title and Course Number	*	
N		
Name of School/Instructor:	·	
Date Attended	Location of Course:	
Dute / Holided.	Location of Course.	
	(Circle	e One
	Yes	No
Was the information received of value to you?	Yes	No
Were you provided with an opportunity to ask que	estions?Yes	No
Were you provided with reference or written mate	rials?Yes	No
In your opinion was the course worthwhile?	Yes	No
Please provide any comments you may have on the	e course content and/or school or instructor:	
. , ,		
•		
FI FCTIVE COURSE Title and Course Number	•	
EDECTIVE COCKSE THE and Course Number		
Name of Instructor/School:		
Date Attended:	Location of Course:	
	(Circle	e One)
Was the material presented adequately?	Yes	No
Was the information received of value to you?	Yes	No
	estions?	No
	rials?Yes	No
	YesYes	No
	e course content and/or school or instructor:	110
provide any comments you may have on the	- Towner Control of the Control of t	
	- , ,	